PHA Plans

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: Fort Madison HA				PHA Number: IA047	
РНА	. Fiscal Year Beginni	ng: (mm/	(yyyy) 10/1/2005		
РНА	Programs Administ	ered:			
XX P Number	ublic Housing and Section of public housing units: 134 or of S8 units: 70	on 8 Se		ublic Housing Onl er of public housing units	
□PF	HA Consortia: (check	box if subn	nitting a ioint PHA I	Plan and complete	table)
<u> </u>	Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Partici	pating PHA 1:				
Partici	oating PHA 2:				
Partici	pating PHA 3:				
(selec XX	t all that apply) Main administrative offi PHA development mana PHA local offices				
_	lay Locations For PF HA Plans and attachment				ct all that
XX	Main administrative office of the PHA PHA development management offices PHA local offices				
XX XX	Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library				
	PHA website Other (list below)				
PHA XX	Plan Supporting Documer Main business office of		able for inspection at:	(select all that appl	ly)

PHA Nam HA Code:		_				
	PHA development management offices Other (list below)					
Streamlined Five-Year PHA Plan						
	PHA FISCAL YEARS 2005 - 2009 [24 CFR Part 903.12]					
	<u> Iission</u>					
	the PHA's mission for serving the needs of low-income, very low income, and extremely low-income fame PHA's jurisdiction. (select one of the choices below)	ilies				
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity a suitable living environment free from discrimination.					
_	The PHA's mission is: (state mission here) Our Mission is to provide quality housing the people in a professional, fiscally prudent manner and be a positive force in our nunity by working with others to assist these families with appropriate supportive services.					
in recen objectiv ENCOU OBJEC numbers	als and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphaint legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and ves. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY URAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR CTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the for below the stated objectives.	d/or R ich as:				
HUD S	Strategic Goal: Increase the availability of decent, safe, and affordable housing.					
X	PHA Goal: Expand the supply of assisted housing Objectives: X	ies:				
X	PHA Goal: Improve the quality of assisted housing Objectives: X					

PHA Nan HA Code:		Annual Plan for FY 20
	Provide replacement public housing: Provide replacement vouchers: Other: (list below)	
X	PHA Goal: Increase assisted housing choices Objectives: Provide voucher mobility counseling: X Conduct outreach efforts to potential voucher landlords Increase voucher payment standards X Implement voucher homeownership program: X Implement public housing or other homeownership program: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below)	
HUD S	Strategic Goal: Improve community quality of life and econ	omic vitality
X	PHA Goal: Provide an improved living environment Objectives: Implement measures to deconcentrate poverty by bringi housing households into lower income developments: Implement measures to promote income mixing in publ access for lower income families into higher income de X Implement public housing security improvements: Designate developments or buildings for particular resid persons with disabilities) Other: (list below)	ic housing by assuring velopments:
HUD (Strategic Goal: Promote self-sufficiency and asset developm duals	ent of families and
X	PHA Goal: Promote self-sufficiency and asset development of Objectives: X	ns in assisted families: ance recipients'
HUD S	Strategic Goal: Ensure Equal Opportunity in Housing for a	ll Americans
X	PHA Goal: Ensure equal opportunity and affirmatively further	fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

Other: (list below)

Other PHA Goals and Objectives: (list below)

Streamlined Annual PHA Plan

PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

X	1. Housing Needs	pages 7-10		
X	2. Financial Resources	pages 11		
X	3. Policies on Eligibility, Selection and Ad	Imissions pages12-19		
X	4. Rent Determination Policies	pages 20-23		
X	5. Capital Improvements Needs	pages 24		
	6. Demolition and Disposition	pages 25		
	7. Homeownership	pages 26-27		
X	8. Civil Rights Certifications (inclu	ded with PHA Certifications of Compliance) pg 28		
X	9. Additional Information	pages 29-32		
	a. PHA Progress on Meeting 5-	-Year Mission and Goals		
	b. Criteria for Substantial Devi	ations and Significant Amendments		
	c. Other Information Requested	d by HUD		
	i. Resident Advisory Boa	ard Membership and Consultation Process		
	•	on the PHA Governing Board		
	<u>-</u>	nsistency with Consolidated Plan		
	iv. (Reserved)			
	10. Project-Based Voucher Program	n pages 33		
П	11. Supporting Documents Availab	± 		
同	12. FY 2005 Capital Fund Program	1 0		
	Replacement Housing, Annual State	1 0		
	and Evaluation Report	pages 37-40		
	13. Capital Fund Program 5-Year A			
Ħ	14. Other (List below, providing name for each item) Capitol Funds:			
	a. 2002 Performance and Ev	<u> </u>		
	b. 2003 Performance and Ev			
	c. 2004 Performance and Eva	aluation Report pages 50-52		

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u>
<u>Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</u>

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u>
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, <u>Certification of Payments to Influence Federal Transactions</u>; Form SF-LLL & SF-LLLa, <u>Disclosure of Lobbying Activities</u>.

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists							
Waiting list type: (select one)							
Section 8 tenant-based ass	sistance						
X Public Housing							
	Combined Section 8 and Public Housing						
Public Housing Site-Ba	Public Housing Site-Based or sub-jurisdictional waiting list (optional)						
If used, identify which	ch development/subjur	isdiction:					
	# of families	% of total families	Annual Turnover				
Waiting list total	104		44				
Extremely low income	85	80	39				
<=30% AMI							
Very low income	19	18	5				
(>30% but <=50% AMI)							
Low income	0	0	0				
(>50% but <80% AMI)							
Families with children	42	40	28				
Elderly families	16	15	16				
Families with Disabilities	23	22	5				
Race/ethnicity caus	95	91	41				
Race/ethnicity black	7	6	3				
Race/ethnicity asian	0	0	0				
Race/ethnicity hisp	1	1	0				
Characteristics by Bedroom							
Size (Public Housing Only)							
1BR	41	39	16				
2 BR	42	41	19				
3 BR	20	19	9				
4 BR 0 0		0	0				
5 BR N/A 0							
5+ BR	5+ BR						

PHA Name: HA Code:

Hous	sing Needs of Families	s on the PHA's Waiting Lis	sts		
Is the waiting list closed (sele	ect one)? X No 🔲 Yo	es			
If yes:					
	closed (# of months)?		¬		
		ne PHA Plan year? No [
	t specific categories of	families onto the waiting lis	t, even if generally closed?		
— <u> </u>	sing Noods of Familia	s on the PHA's Waiting Lis	nto.		
Waiting list type: (select one)	sing Needs of Families	s on the FHA's waiting Lis	515		
X Section 8 tenant-based a	ssistance				
Public Housing					
Combined Section 8 an	d Public Housing				
		al waiting list (optional)			
If used, identify which	ch development/subjuri	sdiction:			
	# of families	% of total families	Annual Turnover		
Waiting list total	87		27		
Extremely low income <=30% AMI	52	23			
Very low income	26	-			
(>30% but <=50% AMI) Low income	2	4			
(>50% but <80% AMI)	2	4			
Families with children	65	19			
Elderly families	4	2			
Families with Disabilities	16	6			
Race/ethnicity caus.	70	19			
Race/ethnicity black	14	6			
Race/ethnicity asian	0	0			
Race/ethnicity hisp.	3	2			
	1				
Characteristics by Bedroom					
Size (Public Housing Only)					
1BR					
2 BR					
3 BR					
4 BR					
5 BR 5 - DR					
5+ BR Is the waiting list closed (select one)? X No Yes					
If yes:					
How long has it been closed (# of months)?					
Does the PHA expect to reopen the list in the PHA Plan year? No Yes					
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?					
□ No □ Yes					

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select al	Il that apply
X	Employ effective maintenance and management policies to minimize the number of public housing units off-line
X	Reduce turnover time for vacated public housing units
	Reduce time to renovate public housing units
X	Seek replacement of public housing units lost to the inventory through mixed finance development
	Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
X	Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
X	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
X	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
X	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
X	Participate in the Consolidated Plan development process to ensure coordination with
	broader community strategies Other (list below)
_	gy 2: Increase the number of affordable housing units by:
Beleet ul	in that apply
□ X finance	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - e housing
	Pursue housing resources other than public housing or Section 8 tenant-based assistance.
	Other: (list below)
Need:	Specific Family Types: Families at or below 30% of median
Strates	gy 1: Target available assistance to families at or below 30 % of AMI
	Il that apply
X	Exceed HUD federal targeting requirements for families at or below 30% of AMI in
X	public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in

X X	tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work
	Other: (list below)
Need:	Specific Family Types: Families at or below 50% of median
	gy 1: Target available assistance to families at or below 50% of AMI
X	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below)
Need:	Specific Family Types: The Elderly
	gy 1: Target available assistance to the elderly:
□ X	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available
	Other: (list below)
	Other: (list below) Specific Family Types: Families with Disabilities
Need: Strate	
Need: Strate	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs
Need: Strates Select al X X	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available
Need: Strates Select al	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they
Need: Strates Select al X X X	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities
Need: Strates Select al X X X Need: Strates	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below) Specific Family Types: Races or ethnicities with disproportionate housing needs gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
Need: Strates Select al X X X Need: Strates	Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below) Specific Family Types: Races or ethnicities with disproportionate housing needs gy 1: Increase awareness of PHA resources among families of races and ethnicities

Strategy 2: Conduct activities to affirmatively further fair housing

- X Limited availability of sites for assisted housing
- X Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other X information available to the PHA
- X Influence of the housing market on PHA programs
- X Community priorities regarding housing assistance
- X Results of consultation with local or state government
- X Results of consultation with residents and the Resident Advisory Board
- X Results of consultation with advocacy groups

Other	(list below)

2. Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are

expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Fi	nancial Resources:	
	ned Sources and Uses	
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 20 grants)		
a) Public Housing Operating Fund	201,909	
b) Public Housing Capital Fund	175,227	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant- Based Assistance	263,361	
f) Resident Opportunity and Self-Sufficiency Grants	0	
g) Community Development Block Grant	0	
h) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)	0	
3. Public Housing Dwelling Rental Income	259,836	
4. Other income (list below)	4,880	
Excess utilities		
4. Non-federal sources (list below)		
Total resources	905,213	
Total resources	700,210	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.12 (b), 903.7 (b)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a.	When does the PHA verify eligibility for admission to public housing? (select all that apply)
	When families are within a certain number of being offered a unit: (state number)

PHA Name:

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Initial mix of Racial,

Current mix of

Date Initiated

Development

Percent change

Information: (Name, numb location)		Date Initiated	Ethnic or Disability Demographics	Racial, Ethnic or Disability Demographics since Initiation of SBWL	between initial and current mix of Racial, Ethnic, or Disability demographics	
at one to	 2. What is the number of site based waiting list developments to which families may apply at one time? 3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? 					
or any c						
d. Site-Based	Waiting 1	Lists – Coming	Year			
	If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment					
1. How	many site	-based waiting	lists will the PHA ope	erate in the coming year	ar?	
2. 🗌 🗅	2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?					
3.	3. Yes No: May families be on more than one list simultaneously If yes, how many lists?					
based	 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) (3) Assignment 					

 a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One X Two Three or More
b. Yes X No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: elderly/disabled are offered twice, families are offered once
(4) Admissions Preferences
 a. Income targeting: X Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Over-housed X Under-housed X Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)
c. Preferences 1. X Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) X Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
Other preferences: (select below)

PHA Name:

HA Code:

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PHA Nam HA Code:	e: 5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
X 	Working families and those unable to work because of age or deveterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward more Households that contribute to meeting income goals (broad range Households that contribute to meeting income requirements (tax Those previously enrolled in educational, training, or upward more Victims of reprisals or hate crimes Other preference(s) (list below)	bility programs ge of incomes) rgeting)
that rep If you g through	he PHA will employ admissions preferences, please prioritize by presents your first priority, a "2" in the box representing your securive equal weight to one or more of these choices (either through a point system), place the same number next to each. That meanice, "2" more than once, etc.	cond priority, and so on. n an absolute hierarchy or
1 Date	e and Time	
Former 1 1	Federal preferences: Involuntary Displacement (Disaster, Government Action, Action Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden	on of Housing
	Working families and those unable to work because of age or developments and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward modern thouseholds that contribute to meeting income goals (broad ranged Households that contribute to meeting income requirements (tanged Those previously enrolled in educational, training, or upward modern victims of reprisals or hate crimes Other preference(s) (list below) ationship of preferences to income targeting requirements: The PHA applies preferences within income tiers	bility programs ge of incomes) rgeting) nobility programs
x	Not applicable: the pool of applicant families ensures that the Itargeting requirements	PHA will meet income

(5) Occupancy

. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply) The PHA-resident lease				
X PHA briefing	The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list)			
apply) X At an annual X Any time fan	At an annual reexamination and lease renewal Any time family composition changes At family request for revision			
(6) Deconcentration	and Income	Mixing		
a. Yes X No:	development	A have any general occupancy (f is covered by the deconcentration yes, continue to the next question	rule? If no, this section is	
Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete. If yes, list these developments on the following table:				
		ntration Policy for Covered Developm		
Development Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]	
Unless otherwise specifi	ied, all question	er section 8 are not required to complete as in this section apply only to the tensely merged into the voucher program	ant-based section 8 assistance	
Exemptions: PHAs that Unless otherwise specific	ied, all question	s in this section apply only to the ten	ant-based section 8 assistance	

PHA Name:

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subcomponent (5) Special purpose section 8 assistance programs)

	ich of the following admission preferences does the PHA plan to employ in the coming (select all that apply from either former Federal preferences or other preferences)
Forme X — —	r Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
Other j	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
that reg If you throug	e PHA will employ admissions preferences, please prioritize by placing a "1" in the space presents your first priority, a "2" in the box representing your second priority, and so on. give equal weight to one or more of these choices (either through an absolute hierarchy or h a point system), place the same number next to each. That means you can use "1" more nce, "2" more than once, etc.
1	Date and Time
Forme 1	r Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
Other 1	Preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs

PHA Name HA Code:	e: 5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20	
	Households that contribute to meeting income goals (broad range of Households that contribute to meeting income requirements (targeting Those previously enrolled in educational, training, or upward mobility Victims of reprisals or hate crimes Other preference(s) (list below)	ng)	
selected X	ong applicants on the waiting list with equal preference status, how a d? (select one) Date and time of application Drawing (lottery) or other random choice technique	re applicants	
juris	e PHA plans to employ preferences for "residents who live and/or we diction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Pla)	
X	tionship of preferences to income targeting requirements: (select one The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA targeting requirements		
(5) Sp	ecial Purpose Section 8 Assistance Programs		
selection contains X X	hich documents or other reference materials are the policies governing etion, and admissions to any special-purpose section 8 program adminated? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below)		
\underline{X} the	w does the PHA announce the availability of any special-purpose sec public? Through published notices Other (list below)	tion 8 programs to	
4. PHA Rent Determination Policies [24 CFR Part 903.12(b), 903.7(d)]			
	blic Housing	. 11	
	ons: PHAs that do not administer public housing are not required to complete sub-	component 4A.	
Describe	the PHA's income based rent setting policy/ies for public housing using, including red by statute or regulation) income disregards and exclusions, in the appropriate status		

a. Use of discretionary policies: (select one of the following two)
The PHA will not employ any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.)
b. Minimum Rent
1. What amount best reflects the PHA's minimum rent? (select one) X \$0 \[\sum \frac{1}{3} \frac{\$1-\\$25}{\sum \frac{5}{3}} \] \[\frac{\$26-\\$50}{\sum \frac{5}{3}} \]
2. Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes to question 2, list these policies below:
c. Rents set at less than 30% of adjusted income
1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:
For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families

PHA Nam HA Code:		Annual Plan for FY 20
	Other (describe below)	
e. Ceil	ing rents	
1. Do	you have ceiling rents? (rents set at a level lower than 30% of adjuste)	ted income) (select
X	Yes for all developments Yes but only for some developments No	
2. For	r which kinds of developments are ceiling rents in place? (select all the	hat apply)
X	For all developments For all general occupancy developments (not elderly or disabled or of For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)	elderly only)
	lect the space or spaces that best describe how you arrive at ceiling reply)	ents (select all that
X X ——————————————————————————————————	Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developerating costs plus debt service The "rental value" of the unit Other (list below)	opments
f. Ren	at re-determinations:	
	ween income reexaminations, how often must tenants report changes sition to the PHA such that the changes result in an adjustment to rem	
	Never At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold percentage: (if selected, specify threshold) Other (list below)	d amount or
g. 🗌	Yes X No: Does the PHA plan to implement individual savings acc	ounts for residents

(ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

a.	In setting the market-based flat rents, what sources of information did the PHA use to		
establish comparability? (select all that apply.)			
X	The section 8 rent reasonableness study of comparable housing		
X	Survey of rents listed in local newspaper		
X	Survey of similar unassisted units in the neighborhood		

Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Describe the voucher payment standards and policies.

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Payment Standards

Other (list below)

a. What is the PHA's payment standard? (select the category that best describes your standard) At or above 90% but below100% of FMR 100% of FMR Above 100% but at or below 110% of FMR
Above 110% of FMR (if HUD approved; describe circumstances below)
b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other (list below)
c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all
that apply)
FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
Reflects market or submarket
To increase housing options for families
Other (list below)
d. How often are payment standards reevaluated for adequacy? (select one) X Annually

(select all that appl X Success rates	of assisted families of assisted families
(2) Minimum Rent	
a. What amount best X \$0 \$1-\$25 \$26-\$50	reflects the PHA's minimum rent? (select one)
	s the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
5. Capital Impro [24 CFR Part 903.12(b), 9 Exemptions from Compor Component 6.	
A. Capital Fund	Activities
Exemptions from sub-con	nponent 5A: PHAs that will not participate in the Capital Fund Program may skip to PHAs must complete 5A as instructed.
(1) Capital Fund Pro	ogram
a. X Yes No	Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.
b. Yes X No:	Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 5B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual

Statement.

(1)	Hope	VI	Revitalization
------------	------	----	----------------

a. Yes X No:	Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below for each grant, copying and completing as many times as necessary)
b.	Status of HOPE VI revitalization grant (complete one set of questions for each grant) Development name: Development (project) number: Status of grant: (select the statement that best describes the current status) Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway
c. Yes No:	Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:
d. Yes No:	Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
e. Yes No:	Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:
6. Demolition and	d Disposition
[24 CFR Part 903.12(b),	903.7 (h)]
	ent 6: Section 8 only PHAs are not required to complete this section.
a. Yes X No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)
	Demolition/Disposition Activity Description
1a. Development name	
1b. Development (proj	·
2. Activity type: Demo	
Dispos	SITION

c. What actions will the PHA undertake to implement the program this year (list)?

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):
a.

Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

PHA Name:

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans, which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2000 - 2004. We have worked aggressively to keep occupancy numbers at 100 % in both programs. We have met our goals to obligate and expend the capitol funds authorized and and we have met this goal 100%. We continue to plan for future housing and plan to purchase building sites within the coming annual plan for future building.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Housing Authority (HA) will amend or modify its 5-Year Agency plan upon the occurrence of any of the following events during the term of an approved plan:

A federal statutory or regulatory change is made effective and, in the opinion of the Authority, has either substantial programmatic or financial effects on the programs administered by the

Authority, or creates substantial obligations or administrative burdens beyond the programs under administration at the start of the Plan year.

- Any other event that the Authority's Board determines to be a significant amendment or modification of the approved annual plan.
- A change to the Capital Fund Program 5 year Action Plan involving the addition of a new, non-emergency work item that costs in excess of 50% of the yearly grant amount. (A new work item is one that does not already appear in another approved Annual Statement for an open CFP or the current CFP Five-Year Action Plan.)
- B. Significant Amendment or Modification to the Annual Plan:

The Housing Authority will amend or modify its Annual Agency plan upon the occurrence of any of the following events during the term of an approved plan:

- A federal statutory or regulatory change is made effective and, in the opinion of the Authority, has either substantial programmatic or financial effects on the programs administered by the Authority, or creates substantial obligations or administrative burdens beyond the programs under administration at the start of the Plan year.
- Any other event that the Authority's Board determines to be a significant amendment or modification of the approved annual plan.
- A change to a Capital Fund Program Annual Statement (budget) involving the addition of a new, nonemergency work item that costs in excess of 50% of the grant. (A new work item is one that does not already appear in another approved Annual Statement for an open CFP or the current CFP Five-Year Action Plan.)

AND PH and HCV policy changes

1.) PUBLIC HOUSING ADMISSIONS AND CONTINUED OCCUPANCY PLAN (PHACOP)

Under Eligibility:

- f.) Applicants will be denied for records of any type of assault (simple or serious). Records older than FIVE years old will not be considered except for the following:
 - 1.) Attempted murder and murder convictions will be a life time ban
 - 2.) five year time frame will be after date of release from confinement or from successful completion of probation.

Under Income Verification and Rent Calculation:

i.) Earned Income Verification (EIV): HUD and the State of IOWA have signed an cooperative agreement to cross reference ALL INCOME sources of housing assistance participants and disclose ALL INCOME sources to housing authorities providing the assistance.

All Housing Assistance Participants will be informed in advance of the EIV system be

utilized and housing assisted participants will be required to sign release form before HA staff will be permitted to access the EIV system. Additionally each time the EIV system is to accessed a new release form is to be authorized and signed by the housing participant prior to using the EIV system.

The Fort Madison HA agrees to protect this EIV information and only authorized staff will have access to this information and this information will not be distributed to any persons except the actual housing participant the information is in reference of.

Discrepancy of income will be discussed with the housing participant The HA may

elect to use the income verified through the EIV system and not the third party—verification. Housing participants have the right to appeal rental increases based on the sole use of EIV information.

The worksite will be secured and the EIV information will not be left open at any time. All participant files will be secured in lockable file cabinets in secured areas.

2.) SECTION EIGHT ADMINISTRATIVE PLAN

Under Eligibility:

d.) Applicants will be denied for records of any type of assault (simple or serious).

Records older than FIVE years old will not be considered except for the following:

- 1.) Attempted murder and murder convictions will be a life time ban.
- 2.) five year time frame will be after date of release from confinement or from successful completion of probation.

Under Income and Rent Calculation:

- f.) Portability will not be processed if payments standards exceed Fort Madison HA's Payment Standards and the receiving Housing Authority does not absorb the voucher.
- g.) Earned Income Verification (EIV): HUD and the State of IOWA have signed an cooperative agreement to cross reference ALL INCOME sources of housing assistance participants and disclose ALL INCOME sources to housing authorities providing the assistance.

All Housing Assistance Participants will be informed in advance of the EIV system be

utilized and housing assisted participants will be required to sign a release form before HA staff will be permitted to access the EIV system. Additionally each time the EIV system is to accessed a new release form is to be authorized and signed by the housing participant prior to using the EIV system.

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authorized staff will have access to this information and this information will not be distributed to any persons except the actual housing participant the information is in reference of.

Discrepancy of income will be discussed with the housing participant. The HA may elect to use the income verified through the EIV system and not the third party verification. Housing participants have the right to appeal rental increases based on the sole use of EIV information.

The worksite will be secured and the EIV information will not be left open at any time. All participant files will be secured in lockable file cabinets in secured areas.

a.

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations

a. X Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

The Board consisted of representatives from Project Hillview Village and Ivanhoe Lane Hillview has four wing (each wing has 20 apartments)

A-wing: Anna Feathergill, Eula Belville, Lorraine Carter, Martha Nicholson, Sharon Eash, Bill Glasgow

B-wing: Frances Huey, Albert Cole, Libby Mayer, Barbara Machen, Clara Faeth, Oweda Schneider, Vivain Manka, Ernest and Janice Foutz, Joyce Brown

C-wing: Michael Eberle, Gloria Mershbrock, Esther Bendell, Mary Bales,

D-wing: Evelyn Story, Richard and Lois Pohlpeter, Carolyn Richers, Helen McMillen, Alice Williams, Ray Starr, Eugene Rippenkroeger, Carl Clay

Ivanhoe Lane Family Units I had the following residents: Aurora Walder, Christy Gilpin, Evelyn Sanders, Barbara Fleetwood, Yvonne Young, Lance Dingman, Stacey Duran

If yes, provide the comments below:

The meetings were opened by HA staff and director with the projects that the staff had discussed. Also opening comments included any up coming HUD requirements such as the EIV system and the policy changes that would be required and how the staff would be implementing this new policy with annual reviews that are currently under way.

Comments from the floor included a wish list of things the residents would like to some day see happen at Hillview Village such as parking garages. This issue was a hot topic and everyone agreed that garages would be nice, but then when discussion of where would they be built and a review of losing yard space and parking convenience the residents agreed that garages probably would not really work out very well. Another area of concern was to fence in the yard......again discussion of the pro's and con's was held and in the end the residents did not want to feel like they were in a prison yard and

wanted to keep the green spaces wide open with no barriers.

Areas that were agreed to and are going to be a part of the Capitol Funds projects for up coming years included to continue buying and updating appliances and window treatments. The residents are all happy to have the carpet project completed and also appreciate their new bathrooms and kitchens.

A policy issue of assigning designated parking was heard. No solution was heard and no action taken at this time. Other policy issues were repairs to the Hillview Villagers Resident's property in the community room. Some stated that they thought the HA should make repairs to the organ that was donated, others said that the family that gave the organ should fix, still others said to just give it back or sell it what ever it would bring. IT was decided to leave the organ as is for now and find out what it really would cost to have it repaired before doing anything more.

Family Housing residents talked about updating the playgrounds and maybe having a fence installed around the exterior to help keep the children from going out into the field. They would also like to see more things done like new window blinds instead of the shades that are being used. Also they want to continue to see replacement of new stoves and refrigerators. All present have enjoyed the new central air conditioning and said it was really nice to have it this summer.

b. In v	what manner did the PHA address those comments? (select all that apply)
X	Considered comments, but determined that no changes to the PHA Plan were necessary.
	The PHA changed portions of the PHA Plan in response to comments
	List changes below:
	Other: (list below)
(2) Re	esident Membership on PHA Governing Board
	verning board of each PHA is required to have at least one member who is directly assisted by the
	inless the PHA meets certain exemption criteria. Regulations governing the resident board member at 24 CFR Part 964, Subpart E.
ure rou	ind at 2 F of Ref at 70 i, Buopate 2.
a. Doe	es the PHA governing board include at least one member who is directly assisted by
the PF	HA this year?
V Va	a Na.
A re	s No:
If yes,	complete the following:
,	
Name	of Resident Member of the PHA Governing Board: TARA GILMAN
Metho	od of Selection:
X	Appointment
	The term of appointment is (include the date term expires):
	July 2004 thru June 2005 reappointed June 2005/June 2007
	buly 2001 with built 2005 temporation built 2005/built 2007

	Election by Residents (if checked, complete next sectionDescription of Resident Election Process)
	iption of Resident Election Process nation of candidates for place on the ballot: (select all that apply) Candidates were nominated by resident and assisted family organizations Candidates could be nominated by any adult recipient of PHA assistance Self-nomination: Candidates registered with the PHA and requested a place on ballot Other: (describe)
Eligib X —	le candidates: (select one) Any recipient of PHA assistance Any head of household receiving PHA assistance Any adult recipient of PHA assistance Any adult member of a resident or assisted family organization Other (list)
Eligib	le voters: (select all that apply) All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance) Representatives of all PHA resident and assisted family organizations Other (list)
	ne PHA governing board does not have at least one member who is directly assisted PHA, why not?
	The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):
Date o	of next term expiration of a governing board member: June 2006
Name for the	and title of appointing official(s) for governing board (indicate appointing official e next available position): IA Statement of Consistency with the Consolidated Plan
	R Part 903.15] h applicable Consolidated Plan, make the following statement (copy questions as many times as ry).

Consolidated Plan jurisdiction: (provide name here)

		HA has taken the following steps to ensure consistency of this PHA Plan with the dated Plan for the jurisdiction: (select all that apply):
		The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.
	t	The PHA has participated in any consultation process organized and offered by he Consolidated Plan agency in the development of the Consolidated Plan.
		The PHA has consulted with the Consolidated Plan agency during the levelopment of this PHA Plan.
		Activities to be undertaken by the PHA in the coming year are consistent with the nitiatives contained in the Consolidated Plan. (list below)
	_	Other: (list below)
		Consolidated Plan of the jurisdiction supports the PHA Plan with the following and commitments: (describe below)
	(4) (Res	served)
	Use this	section to provide any additional information requested by HUD.
<u>10</u>	0. Project-	Based Voucher Program
a.		No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in year? If yes, answer the following questions.
b.		No: Are there circumstances indicating that the project basing of the units, enant-basing of the same amount of assistance is an appropriate option?
		check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units Access to neighborhoods outside of high poverty areas Other (describe below:)
c.		number of units and general location of units (e.g. eligible census tracts or as within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	activities conducted by the PHA. List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component		
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.	Standard 5 Year and Annual Plans; streamlined 5 Year Plans		
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans		
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans		
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs		
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources		
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies		
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Public housing rent determination policies, including the method for setting public housing flat rents. Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
X	Schedule of flat rents offered at each public housing development. Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies.	Annual Plan: Rent Determination		

List of Supporting Documents Available for Review			
Applicable	Supporting Document	Related Plan Component	
& On Displan			
On Display	☐ Check here if included in Section 8 Administrative Plan.		
X	Public housing management and maintenance policy documents, including policies	Annual Plan: Operations	
Λ	for the prevention or eradication of pest infestation (including cockroach infestation).	and Maintenance	
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations	
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency	
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations	
X	Any policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance	
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management	
X	Public housing grievance procedures X Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures	
X	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures	
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs	
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs	
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs	
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs	
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition	
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing	
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing	
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing	
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership	
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership	
X	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency	
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency	
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency	
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency	
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant)	Annual Plan: Community	

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component	
	grant program reports for public housing.	Service & Self-Sufficiency	
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Pet Policy	
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit	
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia	
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia	
	Other supporting documents (optional). List individually.	(Specify as needed)	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annu	ial Statement/Performance and Evaluation Ro	eport				
Capit	tal Fund Program and Capital Fund Program	Replacement Hou	sing Factor (CFP/CFPR	HF) Part I: Sumn	ary	
PHA N	ame: Fort Madison HA	Grant Type and Numb	er		•	Federal
		Capital Fund Program C	Grant No: IA05P04750105			FY of
		Replacement Housing F	actor Grant No:			Grant:
						10/01/2005
X Orig	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised An	nual Statement (revision no:)		
□Per	formance and Evaluation Report for Period Ending:	Final Performance	e and Evaluation Report			
Line	Summary by Development Account	Total E	stimated Cost	Total Act	ual Cost	
		Original	Revised	Obligated	Ex	pended
1	Total non-CFP Funds					
2	1406 Operations	25,000				
3	1408 Management Improvements	10,000				
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	96,136				
11	1465.1 Dwelling Equipment—Nonexpendable	5,000				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	39,091				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines $2-20$)	175,227				
22	Amount of line 21 Related to LBP Activities	0				
23	Amount of line 21 Related to Section 504 compliance	0				
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annu	Annual Statement/Performance and Evaluation Report								
Capit	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA N	Tame: Fort Madison HA	Grant Type and Number Capital Fund Program Gra Replacement Housing Fact	nt No: IA05P04750105 for Grant No:			Federal FY of Grant: 10/01/2005			
X Orig	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Annu	al Statement (revision no:)					
Per	formance and Evaluation Report for Period Ending:	☐Final Performance a	nd Evaluation Report						
Line Summary by Development Account		Total Esti	mated Cost	Total Actu	Total Actual Cost				
		Original	Revised	Obligated	Exp	pended			
26	Amount of line 21 Related to Energy Conservation Measures	96,136				•			

Annual Statement/	Performance and Evaluation R	eport						
Capital Fund Prog	ram and Capital Fund Progran	n Replacem	ent Hous	ing Facto	r (CFP/C	CFPRHF)		
Part II: Supportin	g Pages	_						
PHA Name: Fort Madis	Grant Type and Number Capital Fund Program Grant No: IA05P04750105 Replacement Housing Factor Grant No:			Federal FY of G	Federal FY of Grant: 10/1/2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Es	stimated ost	Total Actual Cost S		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA047-006 Ivanhoe Lane	Replace smoke alarm systems in family units		54	5,000				
IA047-006 Ivanhoe Lane	Replace exterior doors and jams in family units		162	40,068				
IA047-001/006	Replace mowers and lawn and snow removal equipment/both programs		2	7,000				
IA047-001/006	Upgrade Maint. Department vehicles & agency car		3	32,091				
IA047 001	Enclose North Hall Foyer		1	56,068				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages PHA Name: Fort Madison HA **Grant Type and Number** Federal FY of Grant: Capital Fund Program Grant No: IA05P04750105 10/1/2005 Replacement Housing Factor Grant No: General Description of Major Work Development Number Dev. Acct **Ouantity Total Estimated** Total Actual Cost Status of Name/HA-Wide Categories No. Cost Work Activities Revised Funds Funds Original Obligated Expended IA047 001/006 Oversee operations of development 25,000 of future housing/professional fees Upgrade office equipment and 10,000 IA047 001/006 computer software systems Total 175,227

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule									
PHA Name: Fort Madison		Grant Capita	Type and Nur al Fund Progra cement Housin	m No: IA05P04750	1015		Federal FY of Grant: 10/01/2005		
Development Number Name/HA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual			
Hillview Village	9/1/2006			9/1/2007					
Ivanhoe Lane	9/1/2006			9/1/2007					

Capital Fund Program Five-Y Part I: Summary	ear Action	n Plan				
PHA Name Fort Madison HA				☐Original 5-Year Plan XRevision No: #1		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 10/01/2006	Work Statement for Year 3 FFY Grant: PHA FY: 10/01/2007	Work Statement for Year 4 FFY Grant: PHA FY: 10/01/2008	Work Statement for Year 5 FFY Grant: PHA FY: 10/01/2009	
IA047 001/006 Hillview and Ivanhoe Lane	Annual Statement	Develop Future Housing/Start actual construction	Continue housing development	Replace/repair Major Heating systems in family units/finish any punch list items from new development	Replace Boiler system in elderly housing project/upgrade A/C systems/upgrade lift station pumps	
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

_	ital Fund Program Five							
Activities for Year 1		es for Year :10/01/2006 FFY Grant: PHA FY:		Activities for Year:10/01/2007 FFY Grant: PHA FY:				
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
See	IA047 001/006 Hillview & Ivanhoe Lane	New housing site	100,000	IA047 001/006 Hillview Village & Ivanhoe Lane	Continue housing Project	200,000		
Annual	"	Play grounds	20,000					
Statement	IA047 001& 006 Hillview Village Ivanhoe Lane	Replace stock refrigs	20,000					
	IA047 001 Hillview Village	Replace stock a/c units	8,000					
	IA047 006 Ivanhoe Lane IA047 001 Hillview Village	Replace stock ranges New Window treatments	5,000 25,000					
	IA047 006 Ivanhoe Lane	New window treatments	5,000					
	" IA047-001/006 Hillview Village & Ivanhoe Lane	New Flooring Oversee operations	22,000 20,000					

Total CFP Estimated Cost		\$225,000		\$200,000	

Capital Fund Pro	gram Five-Year Action	n Plan					
Part II: Supporting Page	es—Work Activities						
Activities	for Year :10/01/2008		Activities for Year: 10/01/2009				
	FFY Grant:			FFY Grant:			
	PHA FY:	1		PHA FY:			
Development Name/Number Major Work Estimated Cost Categories			Development Name/Number	Major Work Categories	Estimated Cost		
IA047 006 Ivanhoe Lane	54 new heating systems	150,000	IA047 001 Hillview	Replace Heating Boilers and AC units for commons	100,000		
IA047 001/ 006 Hillview and Ivanhoe Lane	Continue new housing construction	50,000	IA047-001/006 Hillview and Ivanhoe Lane	Final out new construction	55,000		
"	Oversee Projects/ professionals fees of construction	25,000	IA047 006 Ivanhoe Lane	Upgrade pumps in lift station	45,000		

Total CFP Estimated Cost		\$225,000		\$200,000

14. Capitol Funds 2002, 2003 and 2004 Performance and Evaluation Reports

Ann	ual Statement/Performance and Evalua	ation Report			
Capi	tal Fund Program and Capital Fund P	rogram Replaceme	ent Housing Facto	or (CFP/CFPRHF) Par	t 1: Summary
PHA N	ame: Fort Madison HA	Grant Type and Number			Federal FY of Grant:
		Capital Fund Program: X			2002
		Capital Fund Program Replacement Housing	Factor Grant No:		
yOrigi	nal Annual Statement			Revised Annual Statement (revi	sion no·
_	rformance and Evaluation Report for Period Ending:	_ <u></u>	nance and Evaluation R	-	30H HO:)
Line	Summary by Development Account		imated Cost		tual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000	0	0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30,436	20,000	20,000	20,000
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	116,180	106,616	106,616	106,616

Ann	ual Statement/Performance and Evalua	ation Report			
Capi	tal Fund Program and Capital Fund P	rogram Replaceme	nt Housing Factor ((CFP/CFPRHF) Par	t 1: Summary
PHA N	ame: Fort Madison HA	Grant Type and Number Capital Fund Program: X			Federal FY of Grant: 2002
		Capital Fund Program Capital Fund Program			2002
		Replacement Housing I	Factor Grant No:		
xOrigi	nal Annual Statement	Reserve for Dis	asters/ Emergencies $oxedsymbol{\square}$ Rev	ised Annual Statement (revi	sion no:
XX Pe	rformance and Evaluation Report for Period Ending:	6/30/05 Final Perform	ance and Evaluation Repor	t	
Line	Summary by Development Account	Total Estin	mated Cost	Total Ac	tual Cost
No.					
12	1470 Nondwelling Structures	32,500.00	67,500	67,500	67,500
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	194,116	194,116	194,116	194,116
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
Hillview	Update bathrooms	47-001	80	48,140	58,140	58,140	58,140	100%
Ivanhoe Lane	Update Kitchens	47-006	20	68,040	68,040	68,040	68,040	100%
Hillview	Maint. Truck	47-001	1	15,000	0	0	0	0
Ivanhoe Lane	Sidewalk and drive repair	47-001-006	2 sites	30,436	20,000	20,000	20,000	100%
Ivanhoe Lane	Office Expansion	47-001-006	1	32,500	67,500	67,500	67,500	100%
	Totals			194,116	194,116	194,116	194,116	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Impleme	entation S	chedule						
PHA Name: Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:							Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities		l Fund Obligate uart Ending Dat			ll Funds Expended uarter Ending Date		Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
Hillview	6/04			10/2005	03/2006			
Ivanhoe Lane	6/04			10/2005	03/2006			

Ann	Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Name: Fort Madison HA		Grant Type and Number Capital Fund Program: X Capital Fund Program Replacement Hous	Federal FY of Grant: 2003					
xOrig	inal Annual Statement			Revised Annual Statement (revision no:			
	erformance and Evaluation Report for Period Ending:		ormance and Evaluation Re		,			
Line	Summary by Development Account		Estimated Cost	Tota	l Actual Cost			
No.								
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds							
2	1406 Operations	25,308.00	0	0	0			
3	1408 Management Improvements							
4	1410 Administration							
5	1411 Audit							
6	1415 liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement	32,000	32,000	32,000	32,000			
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Nonexpendable	176,000	131,288	131,288	92,527			
12	1470 Nondwelling Structures	32,500.00	0					
13	1475 Nondwelling Equipment							
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1498 Mod Used for Development							
19	1502 Contingency							
20	Amount of Annual Grant: (sum of lines 2-19)	204,424.00	163,288	163,288	124,527			
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Compliance							

Ann	Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
PHA N	ame: Fort Madison HA	Grant Type and Number Capital Fund Program: X Capital Fund Program Replacement Housing F		Federal FY of Grant: 2003					
xOrigi	nal Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)							
XX Pe	XX Performance and Evaluation Report for Period Ending: 6/30/05 Final Performance and Evaluation Report								
Line	Summary by Development Account	Total Estir	nated Cost	Total Ac	tual Cost				
No.									
23	Amount of line 20 Related to Security								
24	Amount of line 20 Related to Energy Conservation								
	Measures								

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name:		Grant Type and Nu Capital Fund Progra Capital Fund Progra Replacement I	am #:	#:		Federal FY of (Grant:	
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	ctual Cost	Status of Proposed
Name/HA-Wide Activities	Categories			Original	Revised	Funds Obligated	Funds Expended	Work
Hillview	Replace windows in breezeway	47-001	4	8,000	8,000	8,000		50%
Hillview	Repair patios	47-001	80	32,000	11,000	11,000	11,000	100%
Hillview	Remodel Bathrooms	47-001	20	8,000	8,000	8,000	2,219	100%
Ivanhoe Lane	Remodel Kitchens	47-006	16	15,288	15,288	15,288	0	50%
Ivanhoe Lane	Install Central A/C	47-006	54	100,000	86,000	86,000	86,000	100%
HV and IL	Oversee opertions	47-001-006		0	25,308	25,308	25,308	100%
Ivanhoe Lane	Roof repairs	47-006	3 bldgs	0	9,692	9,692	0	50%
	 							+
	Totals			163,288	163,288	163,288	124,527	<u> </u>
				1		1		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Hillview	6/04			10/2005	03/2006		
Ivanhoe Lane	6/04			10/2005	03/2006		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Fort Madison HA		Grant Type and Number Capital Fund Program: X Capital Fund Program	Federal FY of Grant: 2004		
		Replacement Housin	ng Factor Grant No:		
xOrigi	nal Annual Statement	Reserve for 1	Disasters/ Emergencies Rev	vised Annual Statement (rev	ision no:
XX Pe	rformance and Evaluation Report for Period Ending:	6/30/05 Final Perform	rmance and Evaluation Repor	:t	
Line	Summary by Development Account	Total E	stimated Cost	Total Ac	etual Cost
No.					1
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,040	25,040	25,040	25,040
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	164,065	164,065	164,065	164,065
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	189,105	189,105	189,105	189,105
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation				
	Measures				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name:	U	Grant Type and Nu Capital Fund Progr Capital Fund Progr Replacement I	am #:	#:		Federal FY of	Grant: 2004	
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	Status of Proposed	
Name/HA-Wide Activities	C			Original	Revised	Funds Obligated	Funds Expended	Work
Hillview	Replace Carpeting	47-001	60	88,275	88,273	88,273	88,273	100%
Ivanhoe Lane	Replace flooring	47-006	20	25,040	24,040	25,040	0	50%
Hillview	Replace water heaters	47-001	2	3,000	3,000	3,000	3,000	100%
Ivanhoe Lane and Hillview	Laundry equipment	47-001-006	10 pairs	10,000	11,000	11,000	11,000	100%
Hillview	Replace electric stoves	47-001	80	20,000	20,000	20,000	20,000	100%
Hillview	Replace A/C's	47-001	20	8,000	8,000	8,000	8,000	100%
Hillview and Ivanhoe Lane	Replace refrigerators	47-001-006	10	5,000	5,000	5,000	5,000	100%
Ivanhoe Lane	Replace gas ranges	47-006	10	4,750	4,752	4,752	4,752	100%
Hillview and Ivanhoe	Over see operations	47-001-006		25,040	25,040	25,040	25,040	100%
	Totals			189,105	189,105	189,105	164,065	

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	0514441 1140 1041 11001041 11441	<u>-</u>		
13. Capital Fund Pr	ogram Five-Year Action Plan	1		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Facto					using Factor #:		Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities		l Fund Obligate part Ending Da		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Hillview	6/05			10/2006			
Ivanhoe Lane	6/05			10/2006			
		·					